Short term catheterisation after vaginal prolapse surgery increased recatheterisations, but reduced urinary tract infections, duration of catheterisation, and hospital stay


Q Is short term catheterisation more beneficial than standard, prolonged catheterisation after vaginal prolapse surgery?

METHODS

Design: randomised controlled trial.
Allocation: unclear allocation concealment.
Blinding: unblinded.
Follow up period: to the end of hospital stay.
Setting: a large hospital in the Netherlands.

Patients: 100 women who were having anterior colporrhaphy. Patients with signs of a preoperative urinary tract infection (UTI) were excluded.

Intervention: all patients had a transurethral Foley catheter (Charrière 14) inserted in the operating suite immediately after surgery. 50 patients were allocated to short term catheterisation (catheter removal on the morning after surgery), and 50 patients were allocated to standard prolonged catheterisation (catheter removal on the morning of the 5th postoperative day). Patients with imminent overfilling (ie, a post-voiding residual volume >200 ml) were recatheterised for another 3 days.

Outcomes: UTI (>10^5 colony forming units/ml), recatheterisation, duration of catheterisation, and duration of hospital stay.

Patient follow up: 94% included in analysis (mean age 67 y).

MAIN RESULTS

More patients in the short term group than in the prolonged group were recatheterised (table); nevertheless, mean duration of catheterisation was shorter in the short term group (2.3 ± 5.3 d, p=0.001) as was the mean duration of hospital stay (5.7 ± 7.0 d, p<0.001). Fewer patients in the short term group had UTIs (table).

CONCLUSIONS

Catheter removal on the morning after vaginal prolapse surgery was associated with a higher number of residual volumes requiring recatheterisation than catheter removal on the 5th postoperative day; nevertheless, duration of catheterisation and duration of hospital stay were shorter with short term catheterisation. Patients who had short term catheterisation also had fewer urinary tract infections.

Recatheterisation and duration of catheterisation, and duration of hospital stay.

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<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Short term catheterisation</th>
<th>Prolonged catheterisation</th>
<th>RRI (95% CI)</th>
<th>NNH (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recatheterisation</td>
<td>40%</td>
<td>8.7%</td>
<td>355% (80 to 1114)</td>
<td>4 (3 to 7)</td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>4.2%</td>
<td>39%</td>
<td>89% (62 to 97)</td>
<td>3 (2 to 5)</td>
</tr>
</tbody>
</table>

*Abbreviations defined in glossary; RRI, RRR, NNH, NNT, and CI calculated from data in article.
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